



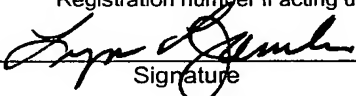
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PTO/SB/22 (12-04)

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|---|------------|---|-------------|
| <b>APPLICATION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            | <b>Docket Number (Optional)</b><br>01017/37428A |             |
| <b>Application Number</b> 10/679,670  |            | <b>Filed</b> October 6, 2003                    |             |
| <b>For</b> CYSTINE-KNOT POLYPEPTIDES: CLOAKED-2 MOLECULES AND USES THEREOF  |            |   |             |
| <b>Art Unit</b> 1633  |            | <b>Examiner</b> S. D. Priebe                    |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |             |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                         |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225   | \$          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510   | \$ 1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795   | \$          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080  | \$          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |             |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |            |   |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |             |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-2855</u> . I have enclosed a duplicate copy of this sheet. |            |   |             |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |             |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |            |   |             |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>53,066</u>   |            |   |             |
| <br>_____<br>Signature   |            | <u>January 6, 2006</u><br>Date                  |             |
| <u>Lynn L. Janulis</u><br>Typed or printed name   |            | <u>(312) 474-6300</u><br>Telephone Number       |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |            |   |             |

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 6, 2006

Signature: 

(Lynn L. Janulis)